

<b>Case Number:</b>	CM14-0139279		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57 year old male with an injury date of 08/11/11. Based on the 07/23/14 progress report provided by the treating physician the patient presents with anxiety and depressive symptoms, which are less severe with current treatment and medications. Psychotropic medications are still being adjusted for maximum effectiveness. He is practicing coping skills learned in Cognitive Behavioral Therapy. Patient's daily panic attacks are reduced to once a week, and he has made functional improvement such as increasing ADL's and socialization. Patient requires continued psychological treatment, and has been approved for 6 additional cognitive therapy sessions. Patient requires a psychiatric medication evaluation through his MPN, however he has still not seen a new psychiatrist in his MPN. Diagnosis 07/23/14 major depressive disorder, moderate and major depressive disorder, single episode, severe without psychotic features. The treating physician is requesting Re-Evaluation upon Completion Psychiatric diagnostic evaluation. The rationale is psychological evaluation is not medically necessary. The treating physician is the requesting provider, and she has provided treatment reports from 03/04/14 - 07/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Re-Evaluation upon Completion Psychiatric Diagnostic Evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress (updated 06/12/2014) Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398,405. Decision based on Non-MTUS Citation Follow-up Visits, ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127

**Decision rationale:** The patient presents with anxiety and depressive symptoms. The request is for Re-Evaluation upon Completion Psychiatric diagnostic evaluation. His diagnosis dated 07/23/14 includes major depressive disorder, single episode, severe without psychotic features. Per progress report dated 07/23/14, patient has made functional improvement such as increasing ADL's and socialization; and his daily panic attacks are reduced to once a week. ACOEM chapter 15, page 398, Psychiatry referral, B. Referral: "It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks." ACOEM chapter 15, page 405, Follow-up Visits: "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." Patient requires continued psychological treatment and his psychotropic medications are still being adjusted for maximum effectiveness. Patient has still not seen a new psychiatrist in his MPN. Per treater report dated 07/23/14, patient requires a psychiatric medication evaluation through his MPN, for continued psychological treatment with new psychiatrist in his MPN. Based on guidelines, patient has been diagnosed with major depressive disorder, and all aspects of the stress model will be reassessed at follow up visits. Also, the request appears reasonable given his functional improvement and decrease in panic attacks. Furthermore, it would appear that the current treater feels uncomfortable with the medical issues and has requested for transfer to specialist. Recommendation is for authorization.